

# FINAL EVALUATION REPORT

## Leadership for Local Arts Councils

Commission grant period July 1 to June 30



IDAHO COMMISSION ON THE ARTS

PO Box 83720

Boise, ID 83720-0008

208/334-2119

1-800/ART-FUND

Applicant \_\_\_\_\_ TIN/EIN \_\_\_\_\_

Project Title \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Grant Number \_\_\_\_\_ Grant Award\$ \_\_\_\_\_

*The period of this grant is from July 1 to June 30 of the current year. One copy of this report must be submitted to the Commission within 60 days of the completion of the grant period, but no later than **August 30th**. You are required to retain all financial records pertaining to the grant for a period of three years from the close of the grant period. Requests for extension for filing your final report must be submitted in writing, not later than **June 30<sup>th</sup>**.*

### NARRATIVE EVALUATION OF THE REPORT

(attach pages as necessary)

- Compare the actual accomplishments of the grant period to those set forth in the application.
- Explain the impact of the grant in the community/region, and the challenges encountered, etc.
- Please submit copies of programs, publicity, and other printed materials.

**FINANCIAL INFORMATION**

This report should reflect only those revenues and expenses directly related to the project or which the grant was awarded.

Section A: ACTUAL CASH EXPENSES

	Grant Funds \$	Other Cash \$	Total Expenses \$
Actual Personnel, Administrative			
Actual Personnel, Artistic			
Actual Personnel, Technical/Production			
Actual Outside Artistic Fees and Services			
Actual Outside Other Fees and Services			
Actual Space Rental			
Actual Travel			
Actual City Taxes Paid	<i>Ineligible</i>		
Actual State Taxes Paid	<i>Ineligible</i>		
Actual Federal Taxes Paid	<i>Ineligible</i>		
Actual Marketing			
Actual Remaining Operating Expenses			
Actual Capital Expenditures, Acquisitions			
Actual Capital Expenditures, Other			
ACTUAL TOTAL CASH EXPENDITURES			

Section B: ACTUAL IN-KIND CONTRIBUTIONS

Please attach certification or receipt for all contributions.

	Contributor (please identify)	Total Expenses \$
Actual Personnel, Administrative		
Actual Personnel, Artistic		
Actual Personnel, Technical/Production		
Actual Outside Artistic Fees and Services		
Actual Outside Other Fees and Services		
Actual Space Rental		
Actual Travel		
Actual Marketing		
Actual Remaining Operating Expenses		
Actual Capital Expenditures, Acquisitions		
Actual Capital Expenditures, Other		
ACTUAL TOTAL IN-KIND CONTRIBUTIONS		

Section C: CASH REVENUE

	Total Revenue \$
Actual Admissions	
Actual Contracted Services Revenue	
Actual Corporate Support	
Actual Foundation Support	

Grants for Organizations

**IDAHO COMMISSION ON THE ARTS**

Actual Other Private Support  
Actual Government Support, Federal  
Actual Government Support, State/Regional  
Actual Government Support, Local  
Actual Other Revenue  
Actual applicant Cash (Cash on Hand)  
Actual ICA Grant Amount Spent  
CASH INCOME

**FINAL EVALUATION REPORT**

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**IDAHO COMMISSION ON THE ARTS****FINAL EVALUATION REPORT****CONSTITUENT PARTICIPATION**

Actual Number of Individuals Benefiting (audiences) (126)

Total

% Local residents (within 50 mile radius)

% visiting (non-local – outside of 50 mile radius)

Actual Number of Artists Participating: (128)

Total

Professional

Semi-Professional

Amateur

Actual Number of Youth benefiting (audiences) (129)

Actual Number of Individuals with Disabilities Benefiting (ADA (130)

504)

Were there special constituencies (Handicapped, senior citizens, minorities, etc.) served through this grant? If so, please describe:

Describe any steps taken to meet ADA/504 regulations (Accessibility for the Handicapped):

I/we the undersigned certify that the foregoing information and all attachments to this report are true and correct and that all expenditures were incurred for the purpose of this grant.

Authorizing

Official \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**Grants for Organizations**

**IDAHO COMMISSION ON THE ARTS**

**FINAL EVALUATION REPORT**

Project

Director\_\_\_\_\_Title\_\_\_\_\_

Signature\_\_\_\_\_Phone\_\_\_\_\_Date\_\_\_\_\_